

MIEMSS Report September, 2014

National Preparedness Month. The 2014 National Preparedness Month theme is: **“Be Disaster Aware, Take Action to Prepare”**. The Ready Campaign established four universal building blocks of emergency preparedness: **Be informed, Make a Plan, Build a Kit, and Get Involved**. America’s PrepareAthon! builds on this foundation by encouraging millions of Americans to focus on a simple, specific activity that will increase preparedness. America's PrepareAthon! is an opportunity for individuals, organizations, and communities to prepare for specific hazards through drills, group discussions, and exercises. The National PrepareAthon! Day is September 30, 2014 and will revolve around taking the actions to prepare for these six specific hazards:

- Earthquake
- Flood
- Hurricane
- Tornado
- Wildfire
- Winter Storm

During National Preparedness Month (NPM), families, communities, schools, and workplaces are urged to take action by planning a National PrepareAthon! Day on or around September 30th. More information may be found at: www.ready@service.govdelivery.com.

MIEMSS Joins Governor’s Overdose Prevention Council. Governor Martin O’Malley announced the formation of the Overdose Prevention Council to counter an increase in the number of overdose deaths. Dr. Richard Alcorta is the MIEMSS representative serving on this council. The Council will advise and assist in establishing a coordinated, statewide effort to reduce the number of fatal and non-fatal overdoses in Maryland. To combat overdose deaths in Maryland, MIEMSS approved the use of intranasal naloxone by EMTs effective July 1, 2014. This protocol is available for commercial services and EMRs as an optional supplement. Additional information on the Governor’s Overdose Prevention Council can be found on: <http://governor.maryland.gov/documents/OPCFactSheet.pdf>

Update to Maryland EMS Providers on Ebola Outbreak. Recent press reports regarding the outbreak of Ebola in Africa, and the transfer of two infected American’s to a hospital in Atlanta have raised public awareness of this illness. Although the possibility of other infected persons coming into the U.S. is very low, the CDC advises that healthcare providers consider Ebola in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in one of the affected countries.

Ebola is typically spread to humans through direct contact with bodily fluids from a person infected with the disease. First responders should use universal precautions, including contact and droplet precautions while treating and transporting patients with suspicious symptoms. Fit tested N95 masks and eye protection should be used on patients with severe pulmonary involvement, who undergo procedures which stimulate coughing or promote the generation of aerosols, or who have nausea and vomiting. Please review the CDC information on the current Ebola outbreak which can be found at: <http://www.cdc.gov/vhf/ebola/>

Upgrades to SYSCOM/EMRC. The SYSCOM/EMRC communications center is undergoing a major renovation to both its infrastructure and technical capabilities as a component of the Statewide EMS Communications upgrade initiative and integrating communication with the Maryland FiRST 700 MHz statewide radio project. Construction on the structure modifications began at the end of June and will last about 16 weeks. The renovations are taking place while SYSCOM/EMRC continues to be an active emergency communications hub and within the room's existing footprint. The technical upgrade will begin mid-October and may take up to three months to complete.

The upgrades include:

- The installation of technologically advanced communications equipment
- Modernization of the current facility to accept the new equipment
- Relocating existing critical communications equipment during the upgrade
- Upgrading the HVAC and electrical systems
- Improving the fire suppression system
- Providing for continuity of operations in the current communications center while renovations are completed

As part of the overall communications systems upgrade, MIEMSS is exploring the feasibility of an independent backup communications center. The new SYSCOM/EMRC should be fully operational by January 2015.

Jurisdictional EMSOP Re-verification Process. Under COMAR 30.03.02.06, MIEMSS is required to verify that each jurisdictional EMS Operational Program (EMSOP) is in compliance with the requirements for a jurisdictional EMSOP every 5 years. The last verification process was completed in 2010. Accordingly, MIEMSS is initiating the re-verification process to be completed in 2015. Applications for re-verification as an EMSOP are due to the Medical Director's Office at MIEMSS on November 15, 2014.

Over the next several months, MIEMSS will conduct meetings with each jurisdictional EMSOP to establish their current status relative to the COMAR Title 30 regulations, answer questions and begin the re-verification process. The self-assessment tool is to be completed prior to the visit and all requested documents are to be available at the time of the visit.

Ambulance Strike Teams. Current plans include formation of regionalized ambulance strike teams composed of five ambulances, a strike team leader, and a MIEMSS field operations staff member. Once in place, the ambulance strike teams will be placed on a rotating call list. There will be at least one strike team "on call" for every month. The strike teams will be composed of ambulances and staff from EMSOPs and commercial services.

Each MIEMSS region is currently working to solicit resources from their jurisdictions to form these strike teams. Currently, multiple jurisdictions have expressed interest and already have formed some of the strike teams. MIEMSS has provided strike team leader training and is working to develop and implement statewide training for all members of the ambulance strike teams.

2014 Maryland Medical Protocols for EMS Provider Educational Updates. All EMS Providers must have completed the “Meet the Protocols” version that matches their level of certification or licensure and the “Break It To Me Gently” training **before July 1, 2014**. The Protocol Updates for the 2014 Maryland Medical Protocols for EMS Providers are on MIEMSS Online Training Center (www.emsonlinetraining.com), and available on DVD for company drills from all MIEMSS Regional Offices. Electronic versions of the full protocol document, as well as just the replacement pages and spreadsheet are available on www.miemss.org under the EMS PROVIDERS tab. One copy of the pocket protocols has been issued to each provider (EMR, EMT, CRT, and Paramedic) through the MIEMSS Regional Offices. Additional copies of the pocket protocols and the printed Spiral-bound version are available for purchase at MIEMSS through the Office of Licensure and Certification. If you have any questions about the online training center, please email onlinetraining@miemss.org or call the Office of Licensure and Certification at 800-762-7157 or 410-706-3666.

electronic Maryland EMS Data System (eMEDS®) - eMEDS® implementations continue statewide, for both public safety and commercial services. Prince George’s County migrated to eMEDS® in January. MIEMSS continues efforts to import legacy data from other electronic Patient Care Reports (ePCRs) vendors into the new Maryland system. MIEMSS is currently working with several jurisdictions and hospitals to begin a completely paperless EMS to Emergency Department documentation transition via the Hospital Dashboard. Numerous CAD Integrations have been completed. Stroke, Trauma, Burn, and Pediatric specialty coordinators have also been granted access to eMEDS® for immediate record retrieval. Additionally, MIEMSS continues to further develop eMEDS® to accommodate protocol changes, and input from users statewide.

(eMEDS®) Support Phone Number: 410-706-3669. MIEMSS has set up a dedicated phone line for eMEDS support. This will simplify provider access for help with the eMEDS® system when needed. Email messages may also be sent to eMEDS-Support@miemss.org.

MIEMSS CAD Interface Grant Program. As a component of the eMEDS purchase, MIEMSS acquired the ability to establish a computer aided dispatch (CAD) system interface between a participating EMS Operational Program (EMSOP) CAD system and eMEDS. Establishing a CAD interface will improve data accuracy and reduce data entry work performed by EMS field providers. To assist EMSOPs in establishing a CAD interface, MIEMSS has created the CAD Interface Grant Program. Funds for the CAD Interface Grant Program were provided by the

Maryland Highway Safety Office (MHSO) and the National Highway Transportation Safety Administration (NHTSA). The CAD Interface Grant is a 60/40 matching grant program allowing MIEMSS to reimburse the EMSOP 60% of the costs associated with the services performed by Image Trend, Inc., to establish the CAD interface, not including annual maintenance.

Expressions of Interest are currently available both through the Regional Offices and online via the MIEMSS Website under the eMEDS tab, CAD Grant. Under the grant program, MIEMSS will only reimburse an EMSOP for services performed by Image Trend, Inc. No computer equipment, network equipment, or communications services can be purchased with this grant. Purchase of services from ImageTrend, Inc., is the responsibility of the EMSOP through a contract directly between the ImageTrend, Inc., and the EMSOP. Purchase of CAD Interface services should be under the guidance of the EMSOP's procurement procedures. In order for an EMSOP to participate in the CAD Interface Grant Program the EMSOP must be moving from EMAIS® to eMEDS or intending to adopt eMEDS. Additionally, the requesting EMSOP must be part of a jurisdiction/agency which is responsible for receiving 9-1-1 calls and dispatching EMS units via a Public Safety Answering Point (PSAP) using a computer-aided dispatch system.

Maryland Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities. MIEMSS holds a seat on the Maryland Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities. The Commission held public meetings for input as to: what law enforcement personnel and other first responders in Maryland need to know when working with people with intellectual and developmental disabilities; what should Maryland provide regarding training for law enforcement personnel and other first responders; what kinds of community outreach activities should law enforcement personnel and other first responders conduct in order to raise awareness about effective first responder approaches for interacting with people with intellectual and developmental disabilities. The information regarding the input from the meetings is being compiled and will be available shortly. For more information regarding the commission, please go to: <http://www.goccp.maryland.gov/iddc/index.php>

Licensure/Certification Management Software. MIEMSS has contracted with ImageTrend to replace the aging MPPR- Maryland Pre-hospital Provider Registry with new licensure/certification management software program. This web-based program will provide tracking of licensing, certification, and continuing education of Maryland's EMS providers. This application will also allow providers, Operational and Commercial programs to update Affiliations on line and will transfer to the eMEDS® system. Various aspects of the program will be phased in over the following months to cumulate in online access for providers, Operational and Commercial programs, and EMS Board approved teaching agencies. We plan to have the ability to allow providers to create or update profiles and initiate affiliation changes in the near future.

SEMSAC BLS Committee: The BLS Committee continues to monitor the changes made with the implementation of the EMS Agenda for the Future: National EMS Education Standards. The committee will continue to develop materials to be used by both instructors and current providers for recertification. The Field Training Coach program has been updated and is placed on the MIEMSS Instructor's Corner. A FTC Online Training Center course is soon to follow in order to reach more potential EMT coaches and mentors. Additionally, the committee is working on ways to improve the transition from EMR- Emergency Medical Responder (formerly known as FR- First Responder) to EMT- Emergency Medical Technician certification. Another initiative by the committee is to revise the BLS continuing education requirements to be more streamlined with national trends.

National Registry Testing for EMR and EMT Initial Certification. Beginning with courses that start in Fall 2014, MIEMSS will be utilizing the National Registry of Emergency Medical Technicians (NREMT) for the cognitive or didactic portion of the State certification process for EMR and EMT candidates. This change only effects candidates for initial certification not current Maryland providers. Candidates that enter the Maryland EMS system at the BLS level with NREMT are not required to keep their NREMT certification in order to maintain their Maryland EMR or EMT certification. Nor are current providers required to obtain NREMT. The current 12 hour refresher for EMR and 24 hour refresher for EMT requirements stay in place for provider renewals at the BLS level. The candidates for EMT certification will continue to take the current practical evaluation process through the MIEMSS office for initial certification. Directions will be provided through the teaching agencies to students on how to register for the NREMT exam. Additional information will be provided in the upcoming months.

Maryland EMS Providers. As of September 3, 2014, there are 26,452 certified or licensed EMS providers in Maryland. The providers are broken down as follows:

EMD:	1,006
First Responder/EMR:	2,566
EMT:	18,799
CRT99:	780
Paramedic:	3,301

Statewide Active Assailant Incident Workgroup. At the request of the Governor's Office of Homeland Security, MIEMSS and the Maryland State Police (MSP) convened an interdisciplinary work group to investigate current literature on these types of incidents, suggest general guidelines for response, make suggestions to ensure adequate levels of protection, develop consistent learning objectives to guide response training across the state, and identify gaps and resources to address those deficiencies. The workgroup has completed a draft document, ***Guidance to First Responders for the Active Assailant Incident***. It was prepared by The Governor's Office of Homeland Security, The Maryland Institute for Emergency Medical Services Systems, The Maryland Department of the State Police, and members of the Maryland Active Assailant Interdisciplinary Work Group. The document was placed on the MIEMSS web site and comments were sent in regarding the finished product. The group has reviewed the comments and the final document should be released shortly.

Volunteer Ambulance Inspection Program (VAIP) The Volunteer Ambulance Inspection Program (VAIP) standards committee has updated the latest version of the document. The document was reviewed approved by the EMS Board at their July meeting. The document can be found on the MIEMSS web site under *Forms and Documents*, then *Voluntary Ambulance Inspection Program - Complete Booklet*.

HC Standard. HC Standard 3 is currently in operation. Version 3.6 of the application continues to host a more robust County Hospital Alert Tracking System (CHATS) with alert definitions displayed for the public and includes Facility Resource Emergency Database (FRED), County Hospital Request System (CHRS), and Electronic Patient Tracking System (EPTS). HC FRED is operational and in use throughout the state. It continues to receive positive feedback, with many facilities expressing an interest in future enhancements to this system. The CHRS application is being used by hospitals, EMS Operations Programs and EMRC to electronically request diversion status changes. EMRC continues to operate the HC3 EMRC application. The program provides real time situational updates as patients are scanned, triaged, and transported from one site to another. The application provides maps showing where patients are in real time, as well as what facilities they went to, who they were transported by, interventions that were performed, and demographic information. MIEMSS continues to build out new features to our dashboard, incorporating additional functionality. It also allows users to customize their dashboard screen with any windows from HC as well as any websites. This allows users to add local programs accessible through the internet to the dashboard. To date, MIEMSS has conducted multiple training opportunities on HC Standard including: several administrator training courses, dozens of in-person user training courses, six online user training courses, and around two dozen just-in-time training courses. MIEMSS continues to provide support and assistance to facilities as they come online to the new HC Standard 3. MIEMSS is in the process of expanding current EPTS capabilities within the state to allow for more units to be utilized in the field. Many jurisdictions are planning to purchase PTS handheld units using this year's Hospital Preparedness Program (HPP) funds. MIEMSS recently brought the Psychiatric Bed Registry online which is built within HC Standard allowing psychiatric bed availability to be seen statewide, and assists Emergency Departments in matching up patients with needed beds. MIEMSS is in the final preparation stages of our upgrade to 3.7 which will boast increased speed of the applications, and support the new android, iOS, and Windows 8.1 Electronic Patient Tracking System Applications.

Regional Programs and Emergency Operations.

Regional Health and Medical Committees.

- The Region III Health and Medical Taskforce continues with field implementation of the electronic patient tracking system.
- The Region IV Office continues to assist with the implementation of patient tracking.
- Site surveys and installations continue statewide for the Public Safety Interoperable Communications Grants through which MIEMSS received funding to connect the remaining hospitals and 9-1-1 centers to the PSInet with VoIP phones.

- The EMS Focus group continues to meet to develop recommendations for the composition of EMS Strike Teams.
- The Montgomery County Emergency Response System completed a tabletop exercise for the National Capital Region on the Hospital Evacuation/ Forward Movement of Patients.
- The Delmarva Regional Health Advisory Group recently prioritized the funding of projects throughout the Region to improve emergency response, assist with equipment for neonatal care and equipment for the mobile medical facility.

The MIEMSS Regional Offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional office.

- Planning has begun on the 13th annual seminar to be held in April, 2015.
- The Region I Office coordinates the Federal HPP Emergency Preparedness Grant Funding for MIEMSS and includes all regional submissions.
- The Region I office is assisting Garrett County with preparation for the Deep Creek 2014 World Championship Canoe Slalom to be held September 17-21, 2014.
- The Region I office is assisting both Garrett and Allegany Counties with their Advanced Life Support Alerting Policies.
- Regions I and II have been collaboratively working on strengthening resources sharing by discussing a Region I and II MOU to include specific policies on school bus crashes and strike team development and deployment.
- The Region II STEMI Committee has finalized the region plan and the process by which data is being collected and shared.
- Region II Office assisted Washington County in developing a jurisdiction-wide Field Training Program.
- Region II Office and MIEMSS Compliance Office assisted Washington County with the revision of their Quality Assurance Plan. The QA Plan has now been implemented.
- Region II is currently working to develop Region-wide pre-designated landing zones that will be utilized for on scene air medical evacuations.
- Region II Advisory Council recently approved a Vision and Mission Statement.
- Region II Office is currently assisting Dr. Alcorta with conducting a SWOT analysis for Washington County.
- The Region III Medical Directors continue to meet quarterly to review pre-hospital EMS quality assurance data.
- Region III just completed its quarterly triage tag days.
- Reimbursement requests continue to be processed for FY2014 50/50 matching grants.
- Hospital EMS Base Station re-designation surveys continue throughout Region III.
- The Office of Hospital Programs and the Regional Offices are conducting meetings throughout the Region with those hospitals that are reporting above average use of hospital alert hours. Collaborative attempts are being made to resolve the issue.
- The Statewide eMEDS Steering Committee has reconvened.
- The Statewide QA/QI committee is being reorganized and will host its first meeting in August. Representatives from all Regions will be participating in this meeting along with several of the MIEMSS staff.
- The Region IV Strike Team equipment has been ordered and received. Several jurisdictions committed personnel and equipment resources. Region IV will continue to coordinate the development of the Region IV team.

- Region IV continues its efforts regarding Mobile Integrated Health. The Queen Anne County Pilot Protocols were approved by the Protocol Committee and will go before the EMS Board in August.
- The Annual Resource Survey has been completed and we wish to thank all of the jurisdictions for their cooperation.
- The Region V STEMI QA Subcommittee has begun the process of reviewing STEMI data for trends and best practices. Both this Subcommittee and the Region V STEMI Committee will be meeting regularly to discuss the regional data and future directions of the regional program.
- Region V is working closely with the Emergency Response System of the National Capital Region – Maryland, which includes Montgomery and Prince Georges Counties in the tri state National Capital Region (NCR) Urban Area. NCR wide planning, training and exercises are ongoing.

Emergency Medical Services for Children Department (EMSC). The state Pediatric Emergency Medical Advisory Committee (PEMAC) will meet on September 3, 2014 with Safe Kids Maryland meeting in the afternoon. 2014 meetings are posted on the MIEMSS website both on the events calendar and EMSC. The PEMAC Website (located on www.miemss.org under EMSC Department) contains meeting documents and EMSC reference materials. Highlighted was the Special Supplement of the Prehospital Emergency Care journal this winter that included five articles on the Evidence Based Guidelines project funded by NHTSA contract and lead by Children's National Medical Center in collaboration with MIEMSS and the National Study Center. The November PEMAC afternoon forum will focus on pediatric emergency care research.

Advanced Pediatric Life Support (APLS) course for physicians will be conducted in the fall and winter 2014-2015 in hybrid format (online and one 8 hour in person day). EMSC is applying for CME through MedChi and working with AAP and ACEP for outreach. During the first few years of the course, EMS for Children Partnership funds will provide the teaching materials.

MIEMSS EMS for Children held a PEPP 3rd Edition instructor/ medical director rollout in February and full participant course (BLS & ALS) at EMS Care 2014. The 3rd Edition can be offered in two formats - Hybrid with 9 online modules and one in person course day or Onsite two day format. Feedback on content has been positive, online registration process continues to be an adjustment for those participants not familiar with the Jones & Bartlett e-learning system. Coaching is provided before the course by EMSC Department.

The EMSC Partnership Grant continues to focus on the ten Federal EMSC Performance Measures that have 2017 target dates for achievement. Detailed information is available on the MIEMSS EMSC PEMAC website listed above. This grant was renewed for the 2013-2017 federal grant cycle. NEW & Current projects include:

- Newly printed reference cards on best practices to restrain children in ambulances have been finalized and are being distributed through Jurisdictional/ Company leadership. They are based upon the 9/2012 NHTSA Guidelines for the Safe Transport of Children in Ambulances (also posted on the MIEMSS website under PEMAC and under Ambulance Safety). LMS for online continuing education is being finalized and pushed out after the protocol review process is completed.

- Development of pediatric emergency department criteria develops a system for regional categorization based upon the national Guidelines for the Care of Children in Emergency Departments and analysis of the National Pediatric Readiness Project.
- Joint writing group on Pediatric Specialty Care transport regulations has begun to meet again with representation from PEMAC and CASAC with the goal of incorporating a pediatric section within the Specialty Care Transport section.
- Update of the Pediatric Base Station course with new slides on EMS provider scope of practice and the National Pediatric Readiness Project; expansion of course for transport teams will begin again in summer of 2014 with the approval and published Board of Nursing regulations for specialty care transport nurses and MIEMSS SCT and NEO regulations.
- Electronic web based inspection resources for the VAIP 2014 standards that have incorporated the newly publish 2014 ACS/ACEP/ NAEMSP/AAP/ENA/ NAESMO revised recommendations for Ambulance Equipment that were published online in late October.
- Pediatric sections of the Interhospital Transfer Resource Manual have been completed and are in editing. There will be a base station coordinators meeting in October that will include distribution of these manuals.
- Results of the EMS Equipment Survey of ambulances were presented at the State EMS Medical Directors Symposium. Based upon this information the MIEMSS summer survey will be modified to clarify discrepancies between HRSA survey responses and 2013 MIEMSS summer survey.
- EMSC Grant educational priorities include: Pediatric Vascular Access workshop (MIEMSS unique workshop); STABLE (Sugar, Temperature, Airway, Blood Pressure, Lab Work, Emotional Support) and NRP (Neonatal Resuscitation Program) courses are being offered with SOCALR for neonatal transport teams and Emergency Department professionals. EMSC continues to offer the full day workshop "When the Stork Dials 9-1-1: Managing OB and Newborn Emergencies" as a preconference as requested. PEPP will also be available as a preconference through 2015.
- Pediatric Reference Cards and Posters have been distributed to all jurisdictions with additional copies available upon requests. They can be viewed on the EMSC website www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx <<https://mail.miemss.org/exchweb/bin/redirect.asp?URL=https://mail.miemss.org/exchweb/bin/redirect.asp?URL=http://www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx>>

Child Passenger Safety (CPS) & Occupant Protection Healthcare Project:

- MIEMSS CPS & OP project (14th year of funding DOT/NHTSA) continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project is implementing a new program for the BeTWEEN age group of passengers on safe occupant behaviors and collaborate with local Safe Kids chapters and coalitions and KISS program at DHMH.
- In 2014 we will be celebrating the 30th Anniversary of the Maryland CPS Law with press conferences and PSA scheduled for September 2014.
- Two products have been revised 1) The Proper Occupant Protection training DVD for lay public and 2) Prescription Pad for Child Safety for primary care providers to use in advocacy and prevention education.
- Conference calls are being converted LMS format that will be more compatible for remote access. This year's conference calls were on Infant Car Seat Challenge updated best practices and on LATCH (Lower Anchorage and Tether for Children) in both cars and on car seats. Conference Calls are archived on the website:
<http://www.miemss.org/EMSCwww/CPSHome.htm>
- Rear Facing Longer & Booster Seat posters are available as part of the educational campaign on Maryland's enhanced occupant protection law.
- SECURE Ambulance Safety & BUCKLE UP - Every Ride Every Time posters are available from the EMSC & SOCALR offices
- MIEMSS continues to provide information on the Never Leave Your Child Alone in a Car / Where's the Baby Campaign (NHTSA & Safe Kids USA). There is a need for ongoing education of families and care providers that leaving a child in a car for any amount of time can be fatal. As of July 11, 2014 sixteen children have died when left alone in cars across the country.

Maryland RISK WATCH Champion Team had a very successful interactive Prevention Education Room during the 2014 MSFA convention and piloted a Teen and Tweens Distracted Driving station and a new Medication Safety display with Safe Kids grant. The spring workshop on Risk Watch Natural Disasters was well attended and Risk Watch natural disaster curriculum distributed to attendees. This curriculum is out of print and the same content can be downloaded from www.ready.gov under the ReadyKids publications

Safe Kids Maryland Coalition meetings continue to be held at MIEMSS and provide conference/ Go To Meeting access. Please contact the Maryland Safe Kids coalition through the EMSC Office 410-706-1758. Safe Kids Buckle Up FY 2014 grant continues with the support of the Safe Kids community partners in Cecil, Garrett, Queen Anne's and Saint Mary's counties and partnerships with Maryland Kids in Safety Seat program. Safe Kids Maryland received a Medication Safety award and will be working with the local coalitions and the three ENA chapters to provide community education

Public Access AED Program. Currently, there are a total of 4,967 active AED Program sites in Maryland. A list of approved programs and their status (active or expired) is updated monthly and available on the MIEMSS website at <http://www.miemss.org>. AED information, including application information, is located in the public information tab under “Maryland Public Access Automated External Defibrillator.” Facilities whose certificates have expired are not in compliance with Maryland’s AED law. Revisions to COMAR 30.06 became effective January 7, 2013. MIEMSS has posted the updated information on the MIEMSS webpage that outlines the changes which are intended to make it easier for organizations to implement public access AED programs. A key point of clarification in the revisions is that AEDs should be placed in locations where they are clearly visible to anyone who is willing to use the AED, regardless of whether the individual has received training or not, recognizing trained individuals may not always be available to respond before EMS arrives. Labels or signage on AEDs that read “For use by trained personnel only” must be removed.

MIEMSS has contracted with Atrus Inc., to establish a web-based registration process that will provide automated notifications regarding battery and electrode expirations, program renewals, and AED recalls. The program would also allow for the connection to an application called “AED link” that would allow interested jurisdictions to see all the PAD locations within their jurisdiction without having to manually enter the AED addresses into the CAD. The new program development is progressing and will hopefully be nearing completion soon, at which time MIEMSS will transition the paper-based registration process to the web-based registration process.

Several Counties have passed ordinances requiring all pools except those at private residences to have an AED. MIEMSS is aware of the following counties passing a requirement for AEDs: Anne Arundel; Baltimore County; Harford County; Montgomery County; and Queen Anne’s County. The county pools are regulated and inspected for compliance by the local health departments. Additionally, a state law was passed that requires any county or municipally owned or operated pools within Maryland to have an AED. All of these pools with AEDs must also meet the requirements for public access AEDs in COMAR 30.06.

Out of Hospital Sudden Cardiac Arrest Steering Committee. In 1999, the AED Task Force was created to provide guidance on layperson AED legislation that allowed non health care facilities that wished to place AEDs on their premises to do so to decrease time to defibrillation for individuals suffering from sudden cardiac arrest. Since that time, treatment for out of hospital sudden cardiac arrest has evolved in both the layperson and pre-hospital arenas. MIEMSS has worked to create an out of hospital sudden cardiac arrest steering committee to address multiple components including 9-1-1 dispatch, pre-hospital provider treatment, community response, and data collection and reporting. The committee meetings are held at MIEMSS. Subcommittees have been created to focus on the EMD, EMS, and Public (Layperson) components. The Steering Committee Chairman is Dr. Kevin Seaman. Individuals interested in participating on a committee should contact Lisa Myers at MIEMSS.

One of the ways the EMS and EMD components of the Cardiac Arrest initiative are being addressed is through the Maryland Resuscitation Academy which holds a two day Summit each year in May and a one day Summit each year in the Fall. The Summits are attended by EMS providers and leadership to learn about improving optimal response and treatment to sudden

cardiac arrest in the prehospital setting. A component for emergency medical dispatchers was also recently added to the course to facilitate early dispatch and dispatch assisted CPR instructions to bystanders prior to EMS arrival. The Maryland Resuscitation Academy was created in partnership with Howard County Fire and EMS and MIEMSS and is modeled after the National Resuscitation Academy based in Seattle, WA. The one-day Fall 2014 Summit is scheduled for Monday, October 20, 2014. Application information on the Maryland Resuscitation Academy can be found at <http://ramaryland.org/>

The Public Subcommittee is working to educate the laypersons on cardiac arrest and learning Hands-Only CPR. Hosting a mass CPR training event was one of the public subcommittee's primary goals for 2014. The event took place at an IronBirds Baseball game. There were 2,392 fans in attendance whose awareness about sudden cardiac arrest and hands only CPR was raised through PSAs and on-field demonstrations and nearly 400 individuals actually learned hands-only CPR from instructors that were located at tables throughout the stadium. There were EMS representatives in attendance from several jurisdictions, including Harford County, Baltimore County, Talbot County, and Howard County, as well as representatives from University of Maryland Upper Chesapeake Medical Center, Johns Hopkins Hospital, and MIEMSS and several members of the Cardiac Arrest Steering Committee. Additionally, there were 9 survivors on the field who were introduced along with the IronBirds players at the beginning of the game. MIEMSS purchased eight (8), eight-foot table banners that are available for use at future training events. If interested in borrowing a banner, please contact Jim Brown at MIEMSS.

Cardiac Interventional Centers (CICs). Because many sudden cardiac arrest patients require intervention in the cardiac catheterization lab, EMS protocols direct EMS providers to begin therapeutic hypothermia when patients meet certain criteria and transport patients to hospitals that can provide continued cooling. Ideally, those patients would go to a CIC if possible. All 23 CICs have reported the ability to provide therapeutic hypothermia.

MIEMSS and the Maryland Health Care Commission (MHCC) obtain data from the Cardiac Interventional Centers. The upload of all required data occurs quarterly and is then analyzed for completeness. Additionally, to the extent possible, data is being collected from transferring hospitals (non-CICs) and EMS providers by the Cardiac Interventional Centers and reported to the regional STEMI committees. Re-verification of the 23 Maryland CIC designations is underway and will be completed by the end of 2014. MIEMSS Hospital Programs staff also conducted site visits at the four out of state CICs with which MIEMSS has MOUs (Christiana, Bayhealth-Kent General, Nanticoke Memorial, and MedStar Washington Hospital Center).

STEMI Systems of Care in Maryland. As MIEMSS continues to work with stakeholders on the development of a STEMI System of Care in Maryland, efforts will be made to improve the collection of data necessary to support quality improvement initiatives with hospitals and the MHCC. It is important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations. The Cardiac Data Coordinators meet quarterly with MIEMSS and MHCC. Recently, the CICs identified a challenge in obtaining EMS data from eMEDS for patients that are transferred from another hospital. MIEMSS is still working to address that issue so that CICs will be able to obtain that data from eMEDS.

Maryland is now registered with the American Heart Association Mission Lifeline as a statewide STEMI system of care which includes access to quarterly reports that compare Maryland's STEMI performance to national data. MIEMSS has obtained direct access to the reports from the National Cardiovascular Data Registry. The reports are confidential and are for use only within the confines of the STEMI Medical Review Committees.

Perinatal Centers. All Perinatal re-verification site visits have been completed. The MIEMSS Assistant Attorney General has begun work on revising the Perinatal COMAR Regulations to align with the revised Perinatal Standards adopted by DHMH and the Perinatal Clinical Advisory Council. In an effort to ensure ongoing monitoring and improved outcomes of the care provided to both the maternal patient and neonates, MIEMSS has developed the Maryland Perinatal Programs database. This database contains data about the care and outcomes of both maternal and high-risk newborn infants in the state that have received care at a Level III Perinatal Center. In collaboration with Department of Health and Mental Hygiene (DHMH), the Perinatal Advisory Committee and its sub-committees, quality indicators for both maternal and neonatal care were developed and incorporated into the database. The database will provide unique, reliable, and confidential reporting for use in quality management, process improvement, internal audit, and peer review. Perinatal Programs Director, Dr. Carla Bailey will have the ability to benchmark each Center's data against the State aggregate data and identify areas of opportunity for quality improvement in the care of patients and their families. The database will provide MIEMSS as well as DHMH with a statewide perspective on maternal and neonatal care and outcomes.

Base Station Survey and Re-designations. The Base Station course has been updated for CY 2014 and all hospitals and freestanding centers have received CD copies of the course. On October 16, 2014, MIEMSS will host a Base Station Coordinators meeting. The agenda for this meeting will include information regarding the Base Station Designation application process, site survey process and expectations and responsibilities for the role of Base Station Coordinator.

Primary Stroke Centers (PSCs). The subcommittee from the Stroke QIC continues to focus attention on best practices to improve the Statewide door to t-PA times as well as the percentage of patients who receive t-PA. Carroll Hospital Center has submitted a letter of intent and an application for initial designation as a PSC. The site survey will take place on December 4, 2014. Work continues with Doctors Hospital in preparing them to become a PSC. The stroke conference planning committee has completed work on the 2014 Statewide Stroke Conference. The conference will take place on November 7, 2014 and will be held at the Sheraton Hotel in Towson Maryland.

Trauma Centers. Ongoing work continues with implementing the final processes for all aspects of the new Trauma Registry Web version.

2014 EMS & Prevention Educational Conferences

Mark Your Calendars

More information can be found on the MIEMSS web page

Mid Atlantic Life Safety Conference – September 23, 2014 - Johns Hopkins Applied Physics Lab, Laurel, MD.

Peninsula Regional Medical Center's 24th Annual Trauma Conference: Topics in Trauma - September 26, 2014
Clarion Resort and Hotel, Ocean City, MD

2nd Annual EMS Leadership Symposium - November 14 & 15, 2014
MFRI College Park, 4500 Paint Branch Pkwy, College Park, MD